



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## ***MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION GENERAL INFORMATION***

**Requestor Name**

BONE & JOINT CLINIC OF HOUSTON

**Respondent Name**

ACE INSURANCE CO OF TEXAS

**MFDR Tracking Number**

M4-14-2149-01

**Carrier's Austin Representative**

Box Number 15

**MFDR Date Received**

May 17, 2014

### ***REQUESTOR'S POSITION SUMMARY***

**Requestor's Position Summary:** "We received a denial stating no authorization was obtained offices visit are not required to be submitted through the preauthorization process... We are asking that a decision be made for the insurance carrier to make payment for this office visits as we believe that it was denied in error."

**Amount in Dispute:** \$150.00

### ***RESPONDENT'S POSITION SUMMARY***

**Respondent's Position Summary:** "The Carrier denied date of service 10/22/13 as preauthorization was not obtained. Per a RME with Dr. Stauch, ODG does not support further care. Based upon Rule 134.600, treatment that is outside ODG requires preauthorization. The provider did not request preauthorization, therefore, the bill was denied."

**Response Submitted by:** ACE Insurance Company of Texas

### ***SUMMARY OF FINDINGS***

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 22, 2013	99213	\$150.00	\$118.65

### ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 1– Payment denied/reduced for absence of, or exceeded pre-certification/authorization (ANSI62)
  - 18 – Duplicate claim/service. (ANSI18)

**Issues**

1. What denial reason(s) did the insurance carrier raise during the bill review process?
2. Did CPT code 99213 require preauthorization per the Official Disability Guidelines?
3. What is the definition of CPT Code 99213?
4. Is the requestor entitled to reimbursement?

## **Findings**

1. The requestor seeks reimbursement for CPT code 99213 rendered on October 23, 2013. The insurance carrier denied/reduced CPT Code 99213 with denial reason code "1- Payment denied/reduced for absence of, or exceeded pre-certification/authorization (ANSI62) and 18 – Duplicate claim/service. (ANSI18)."
2. 28 Texas Administrative Code §137.100 states, "(a) Health care providers shall provide treatment in accordance with the current edition of the *Official Disability Guidelines - Treatment in Workers' Comp*, excluding the return to work pathways, (ODG), published by Work Loss Data Institute (Division treatment guidelines), unless the treatment(s) or service(s) require(s) preauthorization in accordance with §134.600 of this title (relating to Preauthorization, Concurrent Review and Voluntary Certification of Health Care) or §137.300 of this title (relating to Required Treatment Planning)."

Review of the ODG Codes for Automated Approval (CAA), indicates the number of office visits (codes 99201-99285) reflecting the typical number of evaluation and management encounters for a diagnosis, but this is not intended to limit or cap the number of evaluation and management encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a "flag" to payers for possible evaluation; however, payers should not automatically deny payment for evaluation and management services if preauthorization has not been obtained.

The Division, does not require preauthorization for office visits, but are subject to retrospective utilization review of medical necessity. As a result, the Division will review the disputed CPT code 99213 per the applicable rules and guidelines.

3. 28 Texas Administrative Code §134.203 (b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

The AMA CPT Code Book defines CPT Code 99213 as "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family."

Review of the submitted documentation supports the billing of CPT Code 99213, as a result, reimbursement is determined per 28 Texas Administrative Code §134.203 (c).

4. 28 Texas Administrative Code §134.203 states in pertinent part, "(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. ..."

The MAR reimbursement for CPT Code 99213 is \$118.65, therefore this amount is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$118.65.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$118.65 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**

_____	_____	<u>June 26, 2015</u>
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**